

and well-being of the people in the communities they serve in this great country.

Currently, there are more than 100,000 licensed nurse practitioners in the United States providing high-quality, cost-effective health care. These nurses have advanced education and advanced clinical training, most with Master's or post-Master's degrees. Every day they, in coordination with physicians and other health care providers, diagnose acute and chronic conditions, prescribe medications, treat illnesses, and counsel patients on health care issues.

I urge my colleagues to offer their support to nurse practitioners around the country and to help us support H. Con. Res. 500.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, nurse practitioners play a critical role in meeting our Nation's medical needs. Working hand-in-hand with other professionals, nurse practitioners improve the flexibility and responsiveness and efficiency of our health care system. Because of their focus on primary care, disease prevention, and counseling, nurse practitioners serve as health care first responders for many American families. From weight management, blood pressure, dangerous infections, injuries, nurse practitioners have the frontline view of health care in our country.

Nurse practitioners also improve the health care system's ability to reach underserved populations. As we all know, primary health care is desperately needed in many urban and central city communities.

As this resolution notes, nurse practitioners have been there to help meet this need. Twenty percent of nurse practitioners serve in rural areas. Forty percent who serve in metropolitan areas work in central city settings.

In this age of double-digit health care cost inflation, nurse practitioners help to improve the cost effectiveness of American health care. By improving patient choice of provider and by promoting competition, nurse practitioners help to moderate spiraling health care costs.

Nurse practitioner training programs were first developed some 40 years ago. A shortage of doctors forced State governments to innovate, and a few nurse practitioners were certified, mostly, in those days, initially in pediatrics. From that modest beginning, the nurse practitioner profession has grown to fill an important and vital role in America's health care system. There are now more than 100,000 nurse practitioners serving the American public.

I join my colleagues in urging the House to agree to this concurrent resolution celebrating those 100,000 nurse practitioners and marking the goals and ideals of National Nurse Practitioners Week.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), the writer of this bill, a gentleman who is a medical doctor, who certainly has practical real-world experience in the world of nurse practitioners.

Mr. BURGESS. Mr. Speaker, I thank the chairman for allowing this bill to come to the floor. I am aware that there are many of pieces of legislation that could have filled these hours this week.

Mr. Speaker, nurse practitioners fill a vital role in America's health care system. As the gentleman from Ohio pointed out, there are over 106,000 nurse practitioners providing high-quality care around the Nation, and they are especially important in rural and underserved areas.

These health care professionals are critical in my district, especially in areas of Fort Worth, Texas. John Peter Smith, the public hospital system in Tarrant County, maintains 23 clinics for low-income and indigent patients around the county.

Nurse practitioners are able to enhance the services provided in many of these health care clinics. By utilizing nurse practitioners, John Peter Smith is able to see significantly more patients in an outpatient setting and to do so on a finite, fixed taxpayer-funded budget. John Peter Smith and the patients served by the health system could not do without the dedicated corps of nurse practitioners.

And on a personal note, Mr. Speaker, I have worked with nurse practitioners both in a training program at Parkland Hospital and I have had several come through my private practice in Lewisville, Texas, who trained there and stayed on with me to work in private practice, Lori Driggs and Jenny Andrews, and certainly I learned a great deal more from them than I was ever able to teach them.

Mr. Speaker, on November 7 through 13, 2004, the American Academy of Nurse Practitioners will recognize National Nurse Practitioners Week to honor the dedication and commitment of these health care professionals. I rise to commend nurse practitioners for the contribution they make to the health and well-being of our country.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I simply rise in strong support of H. Con. Res. 500, honoring the goals and ideals of National Nurse Practitioners Week. I also want to commend the gentleman from Florida (Chairman BILIRAKIS), chairman of the subcommittee, and the gentleman from Ohio (Mr. BROWN), ranking member, for the tremendous work that they do on health and health-related issues.

A great deal of my personal health care is provided by a nurse practitioner, and I simply commend her and all of the other nurse practitioners throughout the country who make up

an integral part of our health care delivery system. And I would urge agreement to this concurrent resolution.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 500.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

AMENDING SECTION 340E OF PUBLIC HEALTH SERVICE ACT RELATING TO CHILDREN'S HOSPITALS

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5204) to amend section 340E of the Public Health Service Act (relating to children's hospitals) to modify provisions regarding the determination of the amount of payments for indirect expenses associated with operating approved graduate medical residency training programs.

The Clerk read as follows:

H.R. 5204

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DISREGARD OF NEWBORN BASSINETS IN CALCULATING CASE MIX FOR RECEIPT BY CHILDREN'S HOSPITALS OF FUNDING FOR GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E(d) of the Public Health Service Act (42 U.S.C. 256e(d)) is amended—

(1) in paragraph (1), by striking "related to" and inserting "associated with"; and

(2) in paragraph (2)(A)—

(A) by inserting "ratio of the" after "hospitals and the"; and

(B) by inserting at the end before the semicolon "to beds (but excluding beds or bassinets assigned to healthy newborn infants)".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to payments for periods beginning with fiscal year 2005.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5204, which would amend section 340(e) of the Public Health Service Act to modify provisions regarding the determination of the amount of payments for indirect expenses associated with operating approved graduate medical residency training programs. This legislation was introduced by the gentlewoman from California (Ms. ESHOO), a lady who does so many great things in the Congress, particularly for her district.

Children's hospitals receive important funding through the Federal Children's Hospitals Graduate Medical Education, which we call GME, Payment Program. This funding helps train residents and better enables children's hospitals to serve all children, regardless their ability to pay.

Next year, the Committee on Energy and Commerce plans to work to reauthorize the Children's Graduate Medical Education Program. As chairman of the Health Subcommittee and a proponent of the children's hospitals throughout my entire time in Congress, I plan to vigorously support this reauthorization.

However, while we will be working to reauthorize the program next year, H.R. 5204 provides a necessary, immediate fix for a small number of hospitals that treat a disproportionately high number of healthy infants. Healthy infants. This legislation would allow these hospitals to receive fair CHGME payments by excluding the number of healthy beds and bassinets in children's hospitals from the case mix adjustment. By excluding these healthy beds and bassinets, these hospitals will no longer be penalized for treating healthy babies.

I urge all my colleagues to support H.R. 5204 today.

Mr. Speaker, I reserve the balance of my time.

□ 1615

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I am pleased to support this legislation and I want to commend its author the gentlewoman from California (Ms. ESHOO). She has played a leading role in establishing the successful graduate medical education program that is the focus of today's bill and a whole host of other issues.

The Children's Hospital Graduate Medical Education program, known as Children's GME program, corrected an anomaly in medical education funding that prevented children's hospitals from establishing medical training programs for pediatricians and other children's health specialists, in large part because of the peculiarity of the way we fund graduate medical education through Medicare.

The legislation of the gentlewoman from California (Ms. ESHOO) improves that program by ensuring that hospitals with special programs for certain

newborns are not discriminated against in the calculation of medical education funding. This correction is included in both the House and Senate versions of GME reauthorization legislation.

I am proud to be the lead Democratic sponsor of this legislation, along with my colleague, the gentlewoman from Connecticut (Mrs. JOHNSON), through H.R. 4578. This legislation before us today provides an interim solution until the reauthorization bill is written into the law, and I urge my colleagues to support the bill offered by the gentlewoman from California (Ms. ESHOO).

Mr. BILIRAKIS. Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Ms. ESHOO), the sponsor of the bill.

Ms. ESHOO. Mr. Speaker, I want to thank my good friend, the gentleman from Ohio (Mr. BROWN), for his leadership as ranking member on this Subcommittee on Health, which is so important not only here in the Congress but for our entire country; and to my good friend, the gentleman from Florida (Mr. BILIRAKIS), our chairman. Surely we would not be here this afternoon were it not for his support and pushing to bring this to the floor so that we can consider it.

What this bill is about, Mr. Speaker, is legislation that is going to fix a flaw in the Children's Hospital Graduate Medical Education payment formula. This formula inadvertently penalizes Lucile Packard Children's Hospital, which is in my district in Palo Alto.

If I just might depart for a moment, Lucile Packard is the mother and the visionary that established this hospital in Palo Alto. There are many from across the world and from different parts of the country that come to have their children cared for there. So I think she is watching us, and she would be very proud. Were it not for Lucile Packard, as I said, this hospital would not exist today.

Mr. Speaker, a portion of the Graduate Medical Education calculation is based on the severity of case mixes. At Lucile Packard Hospital, which is only one of two hospitals in the United States that offers pregnancy and healthy newborn services, it is then penalized. Most do not take care of healthy newborn babies. When they become part of the mix with the very ill ones, the formula becomes skewed. So if the hospital did not care for the healthy newborns, we would not be here today.

The Committee on Energy and Commerce took a look at this to fix it permanently. As the gentleman stated, that will be taken care of in 2006. Today, we are fixing the small gap between now and 2006. It is going to go a long way.

I want to reassure my colleagues, there are not any costs associated with the bill. This is paid for by a reduction in the fiscal year 2005 payment to all hospitals that receive these payments

under the program, and that would not have happened unless the hospitals came together. And they have endorsed this. There is endorsement from the National Association of Children's Hospitals, and I want to thank them for coming together to allow this to happen.

I also want to thank John Ford on the staff of the gentleman from Michigan (Mr. DINGELL) and certainly Chuck Clapton on the staff of the gentleman from Texas (Chairman BARTON), and I want to urge all my colleagues to vote in favor of H.R. 5204. It is going to help a great deal, and that help is going to be appreciated not only by the children and their families, but also the young physicians that have devoted themselves to a life in medicine; and in this graduate medical payment, it will enjoy the fullness it should and this will be repaired.

Again, I thank the gentleman from Florida (Mr. BILIRAKIS), most of all for his friendship that I have enjoyed and benefited from and am grateful for since first coming to the House.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I rise in strong support of H.R. 5204 and commend the gentlewoman from California (Ms. ESHOO) for her sponsorship of this legislation.

I represent a congressional district that has five medical schools and 28 hospitals, including Children's Memorial in Chicago, which is one of the best in the Nation. This legislation is going to be very helpful to several of these institutions.

I simply rise in strong support of this legislation, urge passage, and commend again the leadership of this subcommittee for its tremendous activity related to health care and the health care needs of people in these United States of America.

Ms. JACKSON-LEE of Texas. As one of the co-chairs of the Congressional Children's Caucus, I urge my colleagues today to support H.R. 5204, amending section 304e of the Public Health Service Act as it relates to payments to children's hospitals under the Graduate Medical Education program.

The existing provisions of the Public Service Health Act unfairly penalize the two hospitals in the U.S. that offer both pregnancy and healthy newborn services. This penalty is related to calculation of the reimbursements that hospitals receive under the Children's Hospital Graduate Medical Education program (CHGME).

As it is currently configured, the CHGME program calculates payments to hospitals based on severity of the "case mix index." Healthy newborns, like those treated in these two hospitals, reduce the severity of the case mix index and thus the payments to the hospitals. I believe the current method of calculating these payments is unreasonable.

For example, one of the only two hospitals offering healthy newborn services in the U.S. is the Lucile Packard Children's Hospital. When healthy newborns are excluded from the calculation, the Packard hospital has the highest "case mix index" of all children's hospitals in California. With the healthy newborns included, it has the lowest. In other words, Packard is unfairly denied resources to treat seriously ill newborns because it also provides services to healthy newborns. Until the problem is corrected, the Packard hospital will continue to be shortchanged more than \$300,000 each year.

This bill corrects the reimbursement problem faced by these two hospitals only for fiscal year 2005. Another bill to reauthorize the Children's Hospital Graduate Medical Education Act, currently on referral to the Subcommittee on Health, will correct this problem in fiscal year 2006 and future years. This legislation is needed to provide relief to the two affected hospitals in fiscal year 2005. This legislation does not change the eligibility for hospitals to qualify under the CHGME program.

I believe that it is unreasonable to penalize hospitals offering services to healthy newborns and urge my colleagues to support this legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 5204.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RESEARCH REVIEW ACT OF 2004

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5213) to expand research information regarding multidisciplinary research projects and epidemiological studies, as amended.

The Clerk read as follows:

H.R. 5213

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Research Review Act of 2004".

SEC. 2. MULTI-DISCIPLINARY RESEARCH TEAM AND CONSORTIA REPORT.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this Act as the "Secretary"), in coordination with the Director of the National Institutes of Health, shall prepare a report outlining the methods by which the Roadmap for Medical Research, an initiative of such Institutes, has advanced the use of multidisciplinary research teams and consortia of research institutions to advance treatments, develop new therapies, and collaborate on clinical trials, including with respect to spinal cord injury and paralysis research.

(b) REPORT.—Not later than February 1, 2005, the Secretary shall submit the report

under subsection (a) to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Health, Education, Labor, and Pensions of the Senate.

SEC. 3. EPIDEMIOLOGICAL STUDY REPORT.

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall prepare a report outlining the epidemiological studies currently under way at such Centers, future planned studies, the criteria involved in determining what epidemiological studies to conduct, defer, or suspend, and the scope of those studies, including with respect to the inflammatory bowel disease epidemiological study. The report shall include a description of the activities the Centers for Disease Control and Prevention undertakes to establish partnerships with research and patient advocacy communities to expand epidemiological studies.

(b) REPORT.—Not later than May 1, 2005, the Secretary shall submit the report under subsection (a) to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Health, Education, Labor, and Pensions of the Senate.

SEC. 4. STUDY BY GOVERNMENT ACCOUNTABILITY OFFICE ON MEDICARE AND MEDICAID COVERAGE STANDARDS.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study on the coverage standards that, under the programs under titles XVIII and XIX of the Social Security Act (commonly known as Medicare and Medicaid, respectively), apply to patients with inflammatory bowel disease for the following therapies:

- (1) Parenteral nutrition.
- (2) Enteral nutrition formula.
- (3) Medically necessary food products.
- (4) Ostomy supplies.
- (5) Therapies approved by the Food and Drug Administration for Crohn's disease and ulcerative colitis.

(b) CONTENT.—The study under subsection (a) shall take into account the appropriate outpatient or home health care delivery settings.

(c) REPORT.—Not later than six months after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study under subsection (a).

SEC. 5. STUDY BY GOVERNMENT ACCOUNTABILITY OFFICE INVOLVING DISABILITY INSURANCE.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study of the problems patients encounter when applying for disability insurance benefits under title II of the Social Security Act. The study shall include recommendations for improving the application process for patients with inflammatory bowel disease.

(b) REPORT.—Not later than six months after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5213, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5213, the Research Review Act. I introduced this legislation only with the fantastic cooperation of my colleagues and friends, the gentlewoman from New York (Mrs. KELLY) and the gentleman from Ohio (Mr. BROWN) from Ohio, the ranking member on my subcommittee. It was with their cooperation and with the hard work of members of the staff, Mr. Speaker, we were able to get this thing done at really almost the 11th hour.

As chairman of the Committee on Energy and Commerce, Subcommittee on Health, I am extremely concerned, as I think all of us are, about how Federal agencies that fall under our committee's jurisdiction set their priorities for disease research. Every day I have patients, along with their families and friends, looking to me to increase research funding for diseases and conditions that afflict them or their loved ones. While I know that it is not in anyone's best interests to mandate agencies to conduct research into specific diseases, I do believe it is my job, I believe it is our job, to ensure that the Federal initiatives are sufficient.

Next year, I look forward to working with the gentleman from Texas (Chairman BARTON), the gentleman from Ohio (Mr. BROWN) and the gentleman from Michigan (Mr. DINGELL) and all the members of the Committee on Energy and Commerce to reauthorize the National Institutes of Health. My subcommittee has held five hearings during this Congress, the 108th, to highlight research activities at the NIH and to educate members and others about the work that the NIH is doing so we can assess how to help NIH better meet its stated mission.

One thing that has become clear is that while NIH is an exemplary agency, its transparency and accountability in letting Members of Congress and the public know what research is being funded and why could be improved. Providing the public with information is not a problem that is unique to the NIH, however; many of our agencies have similar problems translating their efforts to the public.

I introduced H.R. 5213 to take an additional step in assisting Congress to understand the process of Federal agencies. I believe that this legislation will assist Members of Congress as we work with Federal agencies in the future. It will allow two agencies, the NIH and the CDC, to highlight their involvement using the examples of two debilitating conditions that afflict many individuals, paralysis and inflammatory bowel disease, which we refer to as IBD.